

EDITORIALS

Informed Consent — An Unreality?

ELSEWHERE IN THIS ISSUE is an article documenting the relative uselessness of the legal doctrine of informed consent in accomplishing its intended purpose. Informed consent discussions are not well remembered by patients (in fact they may even generate complications which would otherwise not have occurred) and it turns out that they do not usually provide any help in protecting a doctor who is sued in a malpractice case. None of this will come as any surprise to experienced physicians. The human mind, at least the conscious mind, is not like a tape recorder which automatically takes down everything that is heard and remembers it exactly as it was heard. Rather the human mind is more selective. It tends to hear and remember what it wants to hear and remember, and not to hear, or to forget, what might be disturbing or threatening. And it may pay no attention at all and hear nothing if it happens to be occupied with something else.

Informed consent may prove to be yet another of those situations in which the assumptions of the legal system run counter to the realities of human nature and human biology. If so, it will once more be shown that attempts to make biological reality out of legislative or judicial fiat fail, and only produce something that is unreal. And if informed consent turns out to be such an unreality, it follows that efforts at its legal enforcement will eventually fail and in the process add further to the time, energy and dollars spent unnecessarily in health care.

And so, what else is new?

—MSMW

Crohn's Disease

MORGAGNI MAY HAVE described this entity in 1761;¹ however, it remained for Crohn and his associates to describe the clinical and pathological features of terminal ileitis.² Although the concept of regional enteritis originally referred to the terminal ileum, it soon evolved to include the remainder of the ileum and jejunum. Duodenal in-

volvement was reported in 1937.³ Granulomatous involvement of the stomach was reported in 1949⁴ and 1950.⁵ Involvement of the esophagus was reported in 1954.⁶ Although reports of colonic involvement of Crohn's disease appeared shortly after Crohn's original description in 1932, colonic involvement was shown to occur conclusively in 1960.⁷ Crohn's disease of the mouth was reported in 1969.⁸ Therefore, in a few years from Crohn's description involving the terminal ileum the concept of the disease changed to include all segments of the bowel from mouth to anus. The disease may occur as an isolated lesion in any segment of the bowel or as multiple lesions in the bowel. The ileum remains the principle site of the disease either alone or with involvement of the colon and jejunum.^{9,10}

The clinical presentation of patients with Crohn's disease is highly variable. This is readily understandable when one considers that the presenting complaint may be due to involvement of any one or multiple areas of the bowel, systemic toxicity of the disease, obstruction of the intestinal lumen, impairment of intestinal absorption, intestinal complications such as perforation or fistulization (or both) or extra-alimentary complications such as arthritis, spondylitis, uveitis, hydronephrosis or dermal, hepatic or renal disease.

Atwell and co-workers reviewed the cases of 212 patients with Crohn's disease presenting to the General Infirmary at Leeds.⁹ Abdominal pain was the presenting complaint in 61 patients, and an abdominal mass was present in 27 of these 61 patients. Diarrhea was the initial complaint in 41 patients; 18 of these 41 patients presented with an abdominal mass. Associated symptoms and signs were vomiting, loss of weight, blood and mucus in the stool, anemia, constipation, abdominal distension and arthritis. Forty-three patients presented with clinical features consistent with acute appendicitis. Twenty-seven patients presented with complications of the disease; that is, intestinal obstruction, perianal disease, fistulae, arthritis and fever.

In this issue of the WESTERN JOURNAL Dr. Burbige brings our attention to one of the least common presentations of Crohn's disease: isolated granulomatous involvement of the stomach.